

**MDCH - CMHSP Children's Waiver Services Database**  
**Effective May 1, 2006**

<b>CPT/ HCPCS</b>	<b>Mod</b>	<b>Description</b>	<b>Status</b>	<b>Fee Screen</b>	<b>Parameters</b>
90772		THER/PROPH/DIAG INJ, SC/IM	A	\$10.55	
90801		PSY DX INTERVIEW	A	\$86.77	
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.15	
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$55.98	
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.54	
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.55	
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.28	
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.41	
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.00	
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.26	
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	
90853		GROUP PSYCHOTHERAPY	A	\$18.30	
90862		MEDICATION MANAGEMENT	A	\$29.50	
92506		SPEECH/HEARING EVALUATION	A	\$75.14	
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	MAXIMUM OF 8 SESSIONS PER MONTH
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	MAXIMUM OF 8 SESSIONS PER MONTH
92526		TREATMENT OF SWALLOWING DYSFUNCTION	A	\$47.58	MAXIMUM OF 8 SESSIONS PER MONTH
92626		EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	A	\$48.66	
92627		EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITI	A	\$12.27	
92633		AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	A	\$35.52	
96101		PSYCHO TESTING BY PSYCH/PHYS	A	\$55.12	
96102		PSYCHO TESING BY TECHNICIAN	A	\$25.19	
96103		PSYCHO TESTING ADMIN BY COMP	A	\$15.93	
96105		ASSESSMENT OF APHASIA, PER HOUR	A	\$41.98	
96110		DEVELOPMENTAL TEST, LIMITED	A	\$7.75	
96111		DEVELOPMENTAL TEST, EXTENDED	A	\$82.46	
96116		NEUROBEHAVIORAL STATUS EXAM	A	\$61.79	
96118		NEUROPSYCH TST BY PSYCH/PHYS	A	\$73.85	
96119		NEUROPSYCH TESTING BY TECH	A	\$37.68	
96120		NEUROPSYCH TST ADMIN W/COMP	A	\$27.34	
97001		PT EVALUATION	A	\$43.06	
97002		PT RE-EVALUATION	A	\$22.82	
97003		OT EVALUATION	A	\$46.07	
97004		OT RE-EVALUATION	A	\$27.77	
97110		THERAPEUTIC EXERCISES, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97112		NEUROMUSCULAR REEDUCATION, EACH 15 MIN	A	\$16.58	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97113		AQUATIC THERAPY, EACH 15 MIN	A	\$18.09	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.

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97116		GAIT TRAINING THERAPY, EACH 15 MIN	A	\$13.99	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97124		MASSAGE THERAPY, EACH 15 MIN	A	\$12.70	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
97140		MANUAL THERAPY, EACH 15 MIN	A	\$14.86	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97150		GROUP THERAPY PROCEDURE(S)	A	\$9.90	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97530		THERAPEUTIC ACTIVITIES, EACH 15 MIN	A	\$16.58	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97532		DEVELOPMENT OF COGNITIVE SKILLS, EACH 15 MIN	A	\$13.99	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97535		SELF-CARE/ HOME MANAGEMENT TRAINING, EACH 15 MIN	A	\$17.01	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97537		COMMUNITY/ WORK REINTEGRATION TRAINING, EACH 15 MIN	A	\$15.50	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97761		PROSTHETIC TRAINING, EACH 15 MIN	A	\$16.15	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97762		C/O FOR ORTHOTIC/PROSTH USE	A	\$14.86	
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.33	
97804		MEDICAL NUTRITION THERAPY, GROUP, EACH 30 MIN	A	\$4.09	
99506		HOME VISIT FOR IM INJECTIONS	A	\$10.77	
E1340		REPAIR OR NONROUTINE SERVICE FOR DME, PER 15 MIN	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
E1399		DME, MISCELLANEOUS	M	\$384.00	LIMIT OF ONE SINGLE ROOM AIR CONDITIONER EVERY 5 YEARS WITH A MAXIMUM COST OF \$384. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
G0176		ACTIVITY THERAPY, PER SESSION (45 MINS OR MORE)	A	\$66.54	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	
H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MIN	A	\$9.91	
H0045	TD	RESPIRE CARE NOT IN THE HOME, PER DIEM (RN)	A	\$521.56	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
H0045	TE	RESPIRE CARE NOT IN THE HOME, PER DIEM (LPN)	A	\$443.36	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	A	\$184.32	MAXIMUM OF 5 SESSIONS PER MONTH PER BENEFICIARY.
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$3.62	
H2015		COMP COMM SUPP SVC, 15 MIN		\$5.43	<b>Holiday rate</b>
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$2.72	
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT		\$4.08	<b>Holiday rate</b>
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	
S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	A	\$0.32	
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$63.38	
S5116		HOME CARE TRAINING, NON-FAMILY; PER SESSION	A	\$62.09	
S5151		UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	A	\$342.14	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S5151	TT	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM, >1 PATIENT	A	\$256.67	

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S5165		HOME MODIFICATIONS, PER SERVICE	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
S5199		PERSONAL CARE ITEM, NOS, EACH	A	\$96.00	LIMIT OF 5 ITEMS PER QUARTER WITH A MAXIMUM COST OF \$100. USE REMARKS FIELD TO IDENTIFY THE ITEM(S)
S8990		PT OR MANIP FOR MAINT	A	\$62.86	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
S9125	TD	RESPITE CARE IN THE HOME, PER DIEM (RN)	A	\$736.32	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S9125	TE	RESPITE CARE IN THE HOME, PER DIEM (LPN)	A	\$625.92	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S9445		PATIENT EDUCATION, NOC, INDIVIDUAL, PER SESSION	A	\$24.02	
S9446		PATIENT EDUCATION, NOC, GROUP, PER SESSION	A	\$12.00	
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	
S9484		CRISIS INTERVENTION MENTAL HEALTH SVC, PER HOUR	A	\$44.41	
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$46.17	
T1002		RN SERVICES, UP TO 15 MIN	A	\$9.91	
T1005		RESPITE CARE SVC, UP TO 15 MIN	A	\$3.56	
T1005		RESPITE CARE SVC, UP TO 15 MIN		\$5.34	<b>Holiday rate</b>
T1005	TD	RESPITE CARE SVC, BY RN, UP TO 15 MIN	A	\$7.67	
T1005	TD	RESPITE CARE SVC, BY RN, UP TO 15 MIN		\$11.51	<b>Holiday rate</b>
T1005	TE	RESPITE CARE SVC, BY LPN, UP TO 15 MIN	A	\$6.52	
T1005	TE	RESPITE CARE SVC, BY LPN, UP TO 15 MIN		\$9.78	<b>Holiday rate</b>
T1005	TT	RESPITE CARE SVC, UP TO 15 MIN > 1 PT	A	\$2.67	
T1005	TT	RESPITE CARE SVC, UP TO 15 MIN > 1 PT		\$4.01	<b>Holiday rate</b>
T1999		MISCELLANEOUS THERAPEUTIC ITEMS & SUPPLIES, NOC	A	\$24.00	ONLY ADAPTIVE TOYS CAN BE BILLED UNDER THIS CODE. LIMIT OF ONE ADAPTIVE TOY PER QUARTER WITH A MAXIMUM COST OF \$24.00. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
T2023		TARGETED CASE MANAGEMENT; PER MONTH	A	\$291.57	THE DATE OF SERVICE SHOULD BE THE LAST DAY OF THE MONTH THAT THE CASE MANAGEMENT SERVICE WAS PROVIDED.
T2028		SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	A	\$96.00	LIMIT OF 5 ALLERGY CONTROL SUPPLIES PER QUARTER WITH A MAXIMUM COST OF \$96. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2029		SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	A	\$240.00	LIMIT OF 5 ENVIRONMENTAL SAFETY & CONTROL DEVICES PER QUARTER WITH A MAXIMUM COST OF \$240. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2039		VEHICLE MOD WAIVER/ SERVICE	A	\$5,280.00	MAXIMUM COST FOR VAN LIFTS & TIE-DOWNS IS \$5,500, ONCE EVERY 5 YEARS. PRIOR AUTHORIZATION IS REQUIRED IF THE COST EXCEEDS \$5,280 OR WHEN REPLACEMENT IS NEEDED BEFORE 5 YEARS. ALL OTHER VEHICLE MODIFICATIONS REQUIRE PRIOR AUTHORIZATION.